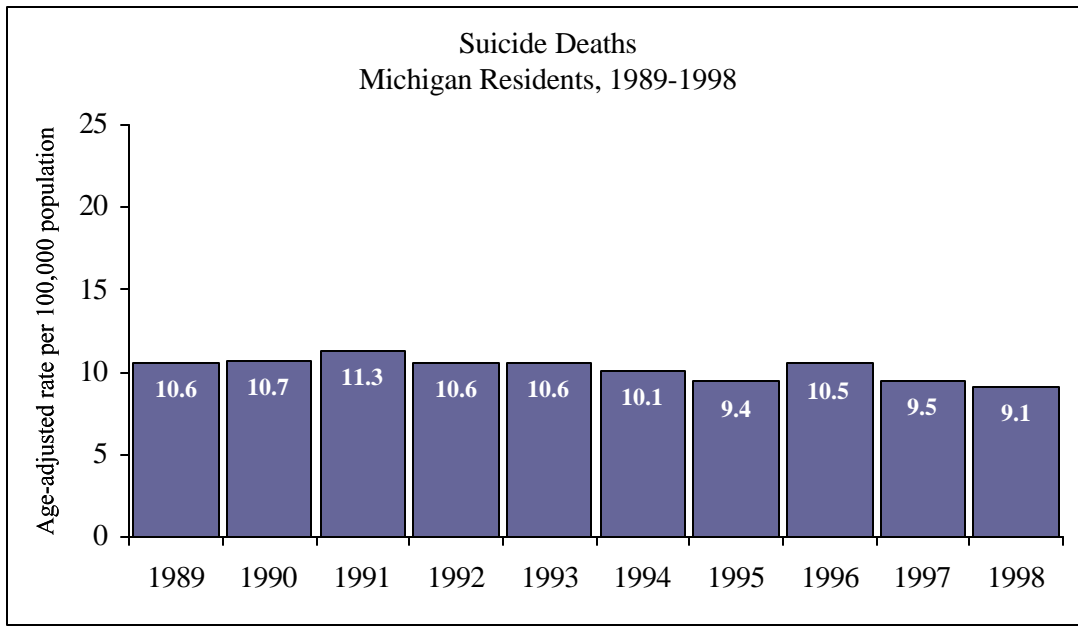


## Focused Indicators

### Morbidity and Mortality

#### *Suicides*



Source: Division for Vital Records and Health Statistics, MDCH

#### ***How are we doing?***

Suicide is the tenth leading cause of all deaths in Michigan and the fifth leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75.

Suicide is death caused by purposely self-inflicted injuries. Deaths are classified as suicide even if the person did not intend the injuries to result in death. Almost all people who kill themselves have a diagnosable mental or substance abuse disorder or both, and the majority have depressive illness. The most promising way to prevent suicide and suicidal behavior is through the early recognition and treatment of depression and other psychiatric illnesses.

In 1998, suicides accounted for 965 deaths in Michigan. The age-adjusted rate for suicide was 9.1 per 100,000 population. The rate of death from suicide in Michigan has declined 14 percent during the past 10 years.

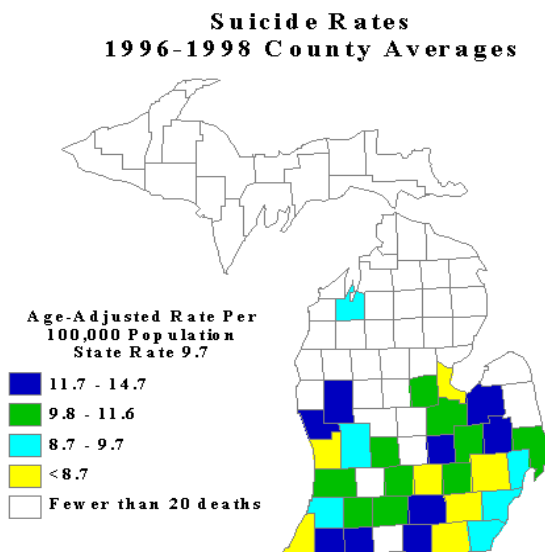
#### ***How does Michigan compare with the U.S.?***

Michigan's 1997 age-adjusted suicide rate of 9.5 was lower than the U.S. rate of 10.6. Suicide was the eighth leading cause of all deaths in the U.S. and the fourth leading cause of YPLL in 1997.

### ***How are different populations affected?***

The suicide rate for children in the U.S. was two times higher than the combined rate for the 25 other most industrialized countries from 1990 to 1995.

Suicide was the third leading cause of death in Michigan for ages 15-34. While suicide is a leading cause of death for 15-34 year-olds, the suicide rates are highest for those 75 years and older.



In 1998, whites in Michigan were almost twice as likely (9.6) as African-Americans (5.7) to commit suicide. Michigan men were over five times more likely to commit suicide than women (15.6 and 3.0, respectively).

### ***What other information is important to know?***

Most people who are depressed do not kill themselves although suicide is considered a possible complication of depressive illness in combination with other risk factors, such as:

- \$ one or more other diagnosable mental or substance abuse problem(s);
- \$ brain chemical imbalance;
- \$ lack of impulse control;
- \$ adverse life events;
- \$ family history of mental illness, substance abuse disorder, or suicide;
- \$ family violence, including physical or sexual abuse;
- \$ prior suicide attempt;
- \$ firearm in the home;
- \$ incarceration; and
- \$ exposure to the suicidal behavior of others.

### ***What is the Department of Community Health doing to affect this indicator?***

The department responds directly to persons who are of potential danger to themselves as a result of mental illness by providing psychiatric inpatient care at four adult and one child and adolescent psychiatric hospitals. Community Mental Health Service Programs (CMHSP), through contracts with the department, offer services such as psychiatric inpatient care, hospital-based crisis observation care,

intensive crisis residential and stabilization services, and assertive community treatment. CMHSPs offers wrap around services to minors with serious emotional disturbances or serious mental illness and their families. These services include treatment services and personal support services to maintain the child in the home. Over 1,169 children and their families were served in 1998. In addition, 49 respite services programs served 4,682 children and their families providing short term intermittent care and supervision to children and adolescents. Currently underway are five grants specifically targeted to the prevention of suicide in the older adult population. All CMHSP continue to provide and expand their services to persons with serious mental illness who reside in county jails, detention facilities, or are under court supervision and parole.

Last updated: February 2000.